U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	2004				
2. Fiscal Year Covered From: 01/01/2004 Through: 12/31/ 3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name Leland C Malone, Jr. Name Iron Workers AFL-CIO LU 568 Labor Organization File Number 011-428	2004				
1. File Number U - 2. Fiscal Year Covered From: 01 01 2004 Through: 12 31 3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name Leland C Malone, Jr. Name Iron Workers AFL-CIO LU 568 Labor Organization File Number 011-428	2004				
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P.O. Box, Bldg., Room No., if any Room 2	\$4444444444444444444444444444444444444				
Street Dh 1 Day 14D	***************************************				
Rt 1 Box 14D Street 119 South Centre Street	***************************************				
City Wiley Ford Cumberland	**************************************				
State West Virginia ZIP Code +4 26767 State Maryland ZIP Code +4 21	502				
5. Position in labor organization. Financial Secretary - Treasurer/Business Manager	***************************************				

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interes (except as specified in the exclusions set forth in the instructions):	sts				
A. Held an interest in, endaded in transactions (including loans) with, or derived income or other economic benefit of	monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.	***************************************				
monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
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monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount.					
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monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the informat submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	ition t of the				
monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7. a. Nature of Interest, Transaction, or Income. 7. b. Amount. 7. b. Amount. 8. Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the informat submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the bes	ition t of the				

Name of Person Filing Leland C. Malone, Jr.	File Number U -			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Iron Workers Local Union No. 568 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 119 South Centre Street City Cumberland State Maryland ZIP Code + 4 21502	9. Business deals with: a. Labor Organization b. Trust X c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name ARK Asset Management Co., Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 Broad Street City New York State New York ZIP Code + 4 10004	r. Malone and his spouse attended a roup meeting with ARK Asset Managementhom provided dinner and drinks; neither ocal 568 or it's Trust Funds deal with RK. Estimated @ \$117.00 ea. X 2 = \$234.00 b. Approximate dollar value of such dealing. \$234.00 (estimated in the state of t			
	12.b. Amount.			
		becommended to the second seco		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	***************************************		
Name		**************************************		
Trade Name, if any:		estonatórynássas		
		occident lands		
P.O. Box, Bldg., Room No., if any		translation to the state of the		
Street		and process and seed of the se		
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	0		

Name of Person Filing Leland C. Malone, Jr.	File Number U -
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to or otherwise
8. Name and address of Business (including trade name, if any). Name Iron Workers Local 568 Health & Welfare Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Room 6 Street 119 South Centre Street City Cumberland State Maryland ZIP Code + 4 21502	9. Business deals with: a. Labor Organization b. Trust C. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Iron Workers Local 568 Health & Welfare Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Room 6 Street 119 South Centre Street	Wages for clerical work performed by Judy Malone (spouse)
	11.b. Approximate dollar value of such dealing. \$1,126
City Cumberland State Maryland ZIP Code + 4 21502	12.a. Nature of interest held or income received.
	12.b. Amount.
	•
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	14.a. Nature of payment.
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Leland C. Malone, Jr.	File Number U -			
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to or otherwise			
8. Name and address of Business (including trade name, if any). Name Iron Workers Local Union No. 568 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 119 South Centre Street City Cumberland State Maryland ZIP Code + 4 21502	9. Business deals with: C. a. Labor Organization b. Trust X. c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Iron Workers Local Union No. 568 J.A.T.C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 119 South Centre Street	Wages received as an i of Apprentice & Journe upgrading classes.	ved as an instructor ce & Journeymen		
City Cumberland	11.b. Approximate dollar value of such dealing.	\$889,88		
State Maryland ZIP Code + 4 21502	12.a. Nature of interest held or income received.			
	12.b. Amount.	Ω		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	AND THE PROPERTY OF THE PROPER			
Trade Name, if any:		111111111111111111111111111111111111111		
P.O. Box, Bldg., Room No., if any	AN CONTRACTOR AND CON			
Street	**************************************	THEOREM SALVESTER		
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	0		